| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | *lu* | 68404 | 9/12/00 |
| O.I.P.E. CLASSIFIER | | 10 | 9-7-00 |
| FORMALITY REVIEW | *CA* | 69916 | 10/17/00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ ................................. Rejected | | N ............................... Non-elected | |
| = ................................. Allowed | | I ............................... Interference | |
| — (Through numeral)... Canceled | | A ............................... Appeal | |
| ÷ ................................. Restricted | | O ............................... Objected | |

| Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | | |
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| | (1) | ÷ | ÷ | ✔ | ✔ | ✔ | | | | | | 51 | | | | | | | | | | | 101 | | | | | | | | |
| | 2 | | | | | | | | | | | 52 | | | | | | | | | | | 102 | | | | | | | | |
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| | 5 | | | | | | | | | | | 55 | | | | | | | | | | | 105 | | | | | | | | |
| | (6) | | | | | | | | | | | 56 | | | | | | | | | | | 106 | | | | | | | | |
| | (7) | | | ✔ | ✔ | ✔ | | | | | | 57 | | | | | | | | | | | 107 | | | | | | | | |
| | (8) | | N | N | ↓ | | | | | | 58 | | | | | | | | | | | 108 | | | | | | | | |
| | 9 | | | | | | | | | | | 59 | | | | | | | | | | | 109 | | | | | | | | |
| | 10 | | | | | | | | | | | 60 | | | | | | | | | | | 110 | | | | | | | | |
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| | 12 | | ✔ | ✔ | ↓ | | | | | | | 62 | | | | | | | | | | | 112 | | | | | | | | |
| | (13) | | ✔ | ✔ | ✔ | | | | | | | 63 | | | | | | | | | | | 113 | | | | | | | | |
| | (14) | | N | N | N | | | | | | | 64 | | | | | | | | | | | 114 | | | | | | | | |
| | (15) | | N | N | ↓ | | | | | | | 65 | | | | | | | | | | | 115 | | | | | | | | |
| | (16) | | N | N | ↓ | | | | | | | 66 | | | | | | | | | | | 116 | | | | | | | | |
| | (17) | | ✔ | ✔ | ✔ | | | | | | | 67 | | | | | | | | | | | 117 | | | | | | | | |
| | 18 | | | | | | | | | | | 68 | | | | | | | | | | | 118 | | | | | | | | |
| | 19 | | | | | | | | | | | 69 | | | | | | | | | | | 119 | | | | | | | | |
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| | (32) | ÷ | | | | | | | | | | 82 | | | | | | | | | | | 132 | | | | | | | | |
| | (33) | | | ✔ | ✔ | | | | | | | 83 | | | | | | | | | | | 133 | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)